CHILDHOOD LEAD POISONING IN RHODE ISLAND: THE NUMBERS 2004 EDITION

RHODE ISLAND DEPARTMENT OF HEALTH

Dear Colleague:

Over the last ten years we have seen a dramatic decrease in the incidence of lead poisoning among Rhode Island children – from 18.8% in 1994 to 3.7% in 2003.
While we are pleased with our progress, our work is not yet done.

The Rhode Island Department of Health has committed to eliminating childhood lead poisoning in the State by 2010. Together with our partners, we are working on a comprehensive elimination plan. In the coming year, we will work together to:

- Implement prevention strategies with a focus on pregnant women,
- Assist with the implementation of the Lead Hazard Mitigation Act,
- Support the development of comprehensive housing policy,
- Use lead data to drive public policy and program development,
- Identify children with lead poisoning promptly and link them to appropriate services,
- Educate all Rhode Islanders about the dangers of lead poisoning.

The development of strong health and housing policies is a critical component of our plan to eliminate lead poisoning. We invite you to use the data included in this report to inform the public policy process.

Our children are our most valuable assets, upon whom the future depends. Working together, we can eliminate lead poisoning and assure a healthy future for these children.

Sincerely,

Patricia A. Nolan, MD, MPH

Patricia A. Nolan, MD, MPH
Director of Health

ELIMINATING LEAD POISONING BY 2010

The Centers for Disease Control and Prevention (CDC) requires all state and local Childhood Lead Poisoning Prevention Programs, including the Rhode Island Program, to develop a strategic plan to eliminate childhood lead poisoning by 2010. As part of that plan, CDC encourages the states to develop a state-specific definition for elimination of lead poisoning based on local data. In Rhode Island, elimination of childhood lead poisoning would be achieved when we meet our goal:

> ***"To decrease the proportion of new cases [incidence] of lead poisoning (defined as a blood lead level of 10 µg/dL or more) in children under six years of age to less than 5% in all Rhode Island communities without decreasing the availability of lead safe and affordable subsidized housing."***

To evaluate our progress in the elimination of lead poisoning, we must measure the incidence or the proportion of children with lead levels at or above 10 µg/dL for the first time in their lives. The incidence rate has decreased significantly, from 18.8% in 1994 to 6.6% in 1998 and 3.7% in 2003. The number of children screened with blood lead levels greater than or equal to 10 µg/dL has remained below 2,000 per year in the last four years, reaching its lowest number of 1,161 in 2003.

The Rhode Island Childhood Lead Poisoning Prevention Program has gathered input from a variety of sources, including expert advice from recognized individuals such as Dr. Herb Needleman, and the Program's Advisory Committee (see appendix). The elimination plan is currently being developed and will be available in the summer of 2004.

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RHODE ISLAND DEPARTMENT OF HEALTH

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2003 ACCOMPLISHMENTS

While much has been accomplished over the past year, five accomplishments stand out in the Program's efforts to eliminate lead poisoning by 2010.

Implemented the Lead Elimination Surveillance System (LESS) Database

The Program brought the new Lead Elimination Surveillance System database on-line in June 2003. LESS is a web-based intranet application that consists of multiple modules that interact with a relational database. LESS represents a significant upgrade in technology. The system increases the efficiency of collection and analysis of client and environmental case management data. All relevant historic data from the Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) database have been migrated to LESS.

Enhanced the Keep Your Baby Lead Safe (KYBLS) Program

The KYBLS program, launched late in 2002, is designed to reach pregnant women and facilitate access to a lead safe home prior to the birth of their babies. All participants receive at least two home visits from the Family Outreach Program, comprehensive in-home lead education, and referrals to various community resources, such as the Lead Hazard Reduction Program and the Weatherization Program at the State Energy Office. To date, 135 pregnant women from Providence, Pawtucket and Woonsocket have been enrolled in the KYBLS program. Sixty women have given birth and were subsequently discharged from the program. The impact of the educational component of KYBLS was assessed using a pre/post test survey. Women were able to correctly answer more questions after receiving the education provided by KYBLS, indicating an increased knowledge about lead as a result of the KYBLS program.

Provided information and education to pregnant women, parents, physicians, and other professionals

The Program conducted outreach activities to educate parents, physicians, and professionals about the dangers of lead poisoning over the last year. The Program also celebrated its 25th anniversary in June 2003. In recognition of this milestone, a panel of experts was convened to provide advice on innovative approaches to eliminate lead poisoning in the State. A variety of new educational efforts were also launched to educate pregnant women about the dangers of lead poisoning and prevention methods. Partners in our outreach and education efforts include Health Plans, the Family Outreach Program, the State Energy Office, Community Action Programs, and Lead Hazard Reduction Programs.

Enhanced case management through Lead Centers

Case management for lead poisoned children changed significantly in January 2003, with the addition of three newly certified Lead Centers. Blackstone Valley Community Action Program, Family Service of Rhode Island, the HELP Lead Safe Center, and Westbay Community Action Program are currently certified to provide comprehensive case management. Stronger partnerships among the Department of Health, the Department of Human Services and the Lead Centers have made it possible to implement strategies that ensure quality services for all families served by the Centers.

Implemented initial steps mandated by the Lead Hazard Mitigation Act

Upon passage of the Lead Hazard Mitigation Act in 2002, the Housing Resources Commission, in collaboration with the Department of Health, Childhood Lead Action Project and many other partners, developed a Comprehensive Strategic Plan in March 2003. The Plan contains a compendium of goals and objectives that will serve as a road map for the implementation of the law. The Interagency Coordinating Council on Environmental Lead, chaired by Dr. Patricia A. Nolan, Director of the Department of Health, was created to provide policy direction and oversee the implementation. Members of the Council include the Departments of the Attorney General, Health, Human Services, Business Regulation, and Environmental Management; the League of Cities and Towns; and the Housing Resources Commission.

UNDERSTANDING THE LEAD DATA

In Rhode Island, children between nine months and six years of age are required by law to be screened for lead poisoning annually. State lead screening guidelines can be found at www.health.ri.gov/lead/family/providers.htm. The screening process involves collecting a sample of blood from the child, either through a capillary (fingerstick) or a vein (venous test), and analyzing the blood to determine the amount of lead in the sample. Blood lead levels (BLL) are measured and reported as micrograms of lead per deciliter of whole blood (µg/dL).

Although the guidelines recommend that children begin to be screened at nine months of age, some children may be screened earlier if they are at high risk for lead poisoning. The data presented in this report are based on the results of all blood lead tests, both capillary and venous, performed on children from birth to six years of age in the state of Rhode Island. For the incidence and prevalence analyses, a child is represented once in each year in which he was screened.

In 1991, the Centers for Disease Control and Prevention (CDC) defined an elevated blood lead level as a blood test result of 10 µg/dL or higher, and suggested that children with elevated blood lead levels be monitored and re-tested. Recent research suggests that blood lead levels lower than 10 µg/dL can have harmful effects. Although there is no specific action recommended to effectively reduce blood lead levels below 10 µg/dL, the goal in Rhode Island is to achieve blood lead levels as low as possible.

The trends in the data included in this report are consistent with data included in the 2003 report; however, some data may differ for the following reasons: 1) Data were migrated to a new database and data cleaning took place; 2) A calculation error was corrected, resulting in lower estimates of incidence than were reported last year; 3) In towns with small populations, small changes in the number of poisoned children can have large impacts on incidence rates.

Regarding Race and Ethnicity Data:

Race and ethnicity data for lead poisoning are not used in this report because the data are incomplete. Nationwide, state and federal agencies are challenged with the difficulty of accurately and adequately collecting race and ethnicity data. In 2003, the Office of Management and Budget required federal and state agencies to begin collecting "race" and "ethnicity" data as two independent categories. This mandate added complexity to the data collection process and agencies have been challenged to build new or modify existing computerized systems that accommodate the change. This challenge has not yet been overcome at the national or local level.

The Department of Health's *Minority Health Plan for Action* sets forth a goal to establish uniform guidelines and procedures regarding the collection, use, analysis and dissemination of data on racial and ethnic populations. The plan also includes a requirement that all entities collect information on race and ethnicity in accordance with the Department of Health's *Policy for Collecting Race and Ethnicity*. The Department is committed to improving the collection of high quality race and ethnicity data. Scarce resources may continue to be a barrier for this goal to be achieved in the short term.

SCREENING FOR LEAD POISONING

In 2003, 34,230 children from birth to six years of age were screened for lead poisoning. The number of children screened has been stable over the last three years.

FIGURE 1 Number of Children 0 to 72 Months of Age Screened for Lead Poisoning 2001 to 2003

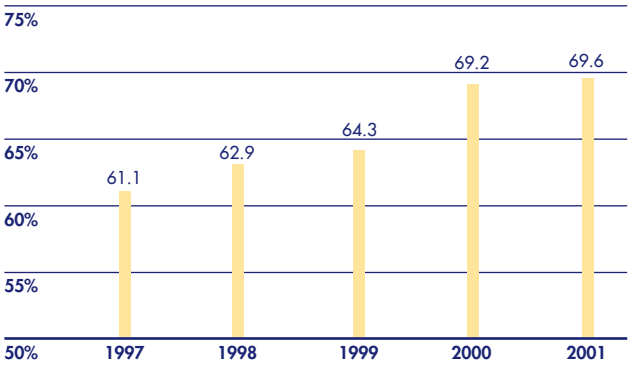
CITY/TOWN	2001	2002	2003
Barrington	695	730	667
Bristol	713	701	665
Burrillville	402	430	428
Central Falls	1,133	1,188	1,133
Charlestown	231	269	232
Coventry	931	890	889
Cranston	2,041	2,040	1,939
Cumberland	900	938	875
East Greenwich	355	344	363
East Providence	1,543	1,546	1,519
Exeter	151	156	141
Foster	123	110	109
Glocester	183	181	161
Hopkinton	283	280	242
Jamestown	118	125	130
Johnston	708	704	689
Lincoln	522	543	499
Little Compton	117	113	137
Middletown	480	458	572
Narragansett	348	370	275
New Shoreham	27	11	25
Newport	898	917	935
North Kingstown	902	902	856
North Providence	661	690	635
North Smithfield	255	232	226
Pawtucket	2,897	2,838	2,912
Portsmouth	558	543	576
Providence	8,781	8,438	8,797
Richmond	257	251	182
Scituate	304	305	278
Smithfield	414	407	381
South Kingstown	884	852	768
Tiverton	510	546	502
Warren	383	388	389
Warwick	2,141	2,049	1,867
West Greenwich	139	153	146
West Warwick	896	925	843
Westerly	459	688	660
Woonsocket	1,791	1,855	1,743
Unknown RI City/Town	0	0	38
TOTAL	**34,919**	**34,907**	**34,230**

Note: Children are counted only once in each year, regardless of the number of times they are tested.

COMPLIANCE WITH LEAD SCREENING GUIDELINES

As discussed previously, all Rhode Island children between nine months and six years of age are required by law to be screened for lead poisoning annually. Compliance with these guidelines is assessed by measuring the proportion of children born in a given year with at least one blood test by 18 months of age.

FIGURE 2 PERCENT OF CHILDREN WITH AT LEAST ONE BLOOD LEAD TEST BY 18 MONTHS OF AGE



Source: KIDSNET database
Notes: The percentages presented here may be underestimated, as approximately 13,000 screening tests are not yet included in the KIDSNET database due to technical reasons. Birth cohorts beyond 2001 are not included here because children born in 2002 and 2003 had not yet turned 18 months of age by the time this report was prepared.

Nearly 70% of children born in 2001 were screened for lead at least once by 18 months of age, compared to 61.1% of 18 month-old children born in 1997. This represents a 15% increase in screening among children 18 months of age over the past five years.

The increase in screening rates among children 18 months of age may be attributed to several outreach efforts, such as sending reminders to parents to have their children tested at the 12 month well-child visit and providing pediatric practices with lists of children in their practice between the ages of 22 and 24 months who have not been screened.

As of April 2004, many pediatric practices have access to KIDSNET, Rhode Island's integrated child health information system, which contains information for all children born in the state since 1997. KIDSNET allows doctors to monitor lead screening rates in their practice.

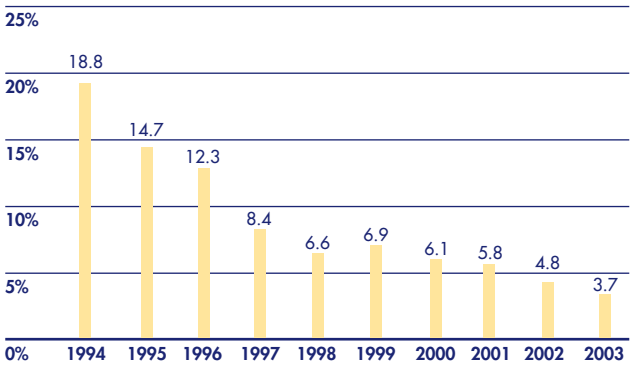
INCIDENCE OF LEAD POISONING

The Lead Program tracks and reports the number of new cases of lead poisoning among children under six years of age who have never been previously poisoned. This is known as the incidence rate.

Over the past ten years, the proportion of new cases of lead poisoning among children has declined by 80%, from 18.8% in 1994 to 3.7% in 2003.

In spite of the significant decline in incidence over time, 1,161 children were lead poisoned for the first time in 2003.

FIGURE 3 INCIDENCE OF LEAD POISONING STATEWIDE 1994-2003

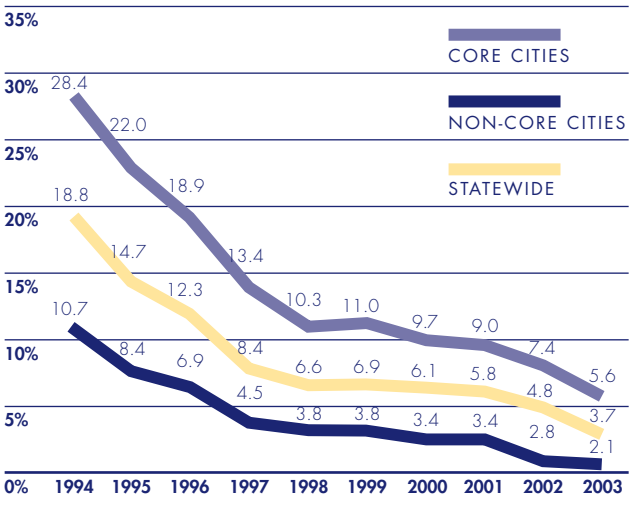


Percent of new cases with BLL ≥ 10 µg/dL

INCIDENCE OF LEAD POISONING BY GEOGRAPHIC LOCATION

Cities where the child poverty level is greater than 15%, according to the 2000 Census, are designated as core cities. Rhode Island has six core cities – Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket.

FIGURE 4 INCIDENCE OF LEAD POISONING BY GEOGRAPHIC LOCATION 1994-2003



Percent of new cases with BLL ≥ 10µg/dL

New cases of lead poisoning continue to be concentrated in Rhode Island's core cities as has been the case for the last ten years. In 2003, the incidence of lead poisoning in the core cities (5.6%) was more than twice that of the remaining 33 cities and towns (2.1%). As recently as 1999, the core cities had an incidence rate almost three times greater than that of the remaining cities and towns (11.0% vs. 3.8%).

There has been a significant decline in the incidence of lead poisoning over the last 10 years, approximately 80% from 1994 to 2003. This decrease is consistent for the core cities, non-core cities, and for the state as a whole.

Page 10 shows 2003 incidence of lead poisoning by city and town.

INCIDENCE OF LEAD POISONING BY CITY AND TOWN

FIGURE 5 Incidence of Lead Poisoning by City and Town in 2003

CITY / TOWN	# CHILDREN WITH BLL ≥10 µg/dL FOR THE FIRST TIME	TOTAL # CHILDREN SCREENED WITH NO PREVIOUS ELEVATED BLL	INCIDENCE
BARRINGTON	6	644	0.9%
BRISTOL	17	627	2.7%
BURRILLVILLE	22	396	5.6%
CENTRAL FALLS	59	992	5.9%
CHARLESTOWN	5	221	2.3%
COVENTRY	14	860	1.6%
CRANSTON	34	1,831	1.9%
CUMBERLAND	11	847	1.3%
EAST GREENWICH	7	344	2.0%
EAST PROVIDENCE	42	1,410	3.0%
EXETER	1	139	0.7%
FOSTER	8	102	7.8%
GLOCESTER	5	152	3.3%
HOPKINTON	5	231	2.2%
JAMESTOWN	4	123	3.3%
JOHNSTON	18	659	2.7%
LINCOLN	1	480	0.2%
LITTLE COMPTON	4	128	3.1%
MIDDLETOWN	10	547	1.8%
NARRAGANSETT	5	262	1.9%
NEW SHOREHAM	1	23	4.3%
NEWPORT	52	845	6.2%
NORTH KINGSTOWN	12	816	1.5%
NORTH PROVIDENCE	15	604	2.5%
NORTH SMITHFIELD	4	220	1.8%
PAWTUCKET	123	2,666	4.6%
PORTSMOUTH	6	554	1.1%
PROVIDENCE	473	7,628	6.2%
RICHMOND	3	172	1.7%
SCITUATE	5	271	1.8%
SMITHFIELD	4	369	1.1%
SOUTH KINGSTOWN	15	729	2.1%
TIVERTON	16	472	3.4%
WARREN	18	368	4.9%
WARWICK	17	1,790	0.9%
WEST GREENWICH	2	141	1.4%
WEST WARWICK	19	800	2.4%
WESTERLY	21	620	3.4%
WOONSOCKET	77	1,578	4.9%
UNKNOWN RI CITY/TOWN	0	4	0.0%
STATEWIDE	**1,161**	**31,665**	**3.7%**

Percent of new cases with BLL ≥ 10µg/dL

NOTE: A child may be represented in this table more than once if he lived and was tested in more than one city or town during the same year. City-specific incidence data for previous years can be found on the website at www.health.ri.gov/lead/home.htm.

MAP OF LEAD POISONING INCIDENCE IN 2003

The 1,161 children found to have a blood lead level greater than or equal to 10 µg/dL for the first time in the year 2003 are plotted on the map below according to their city or town of residence.

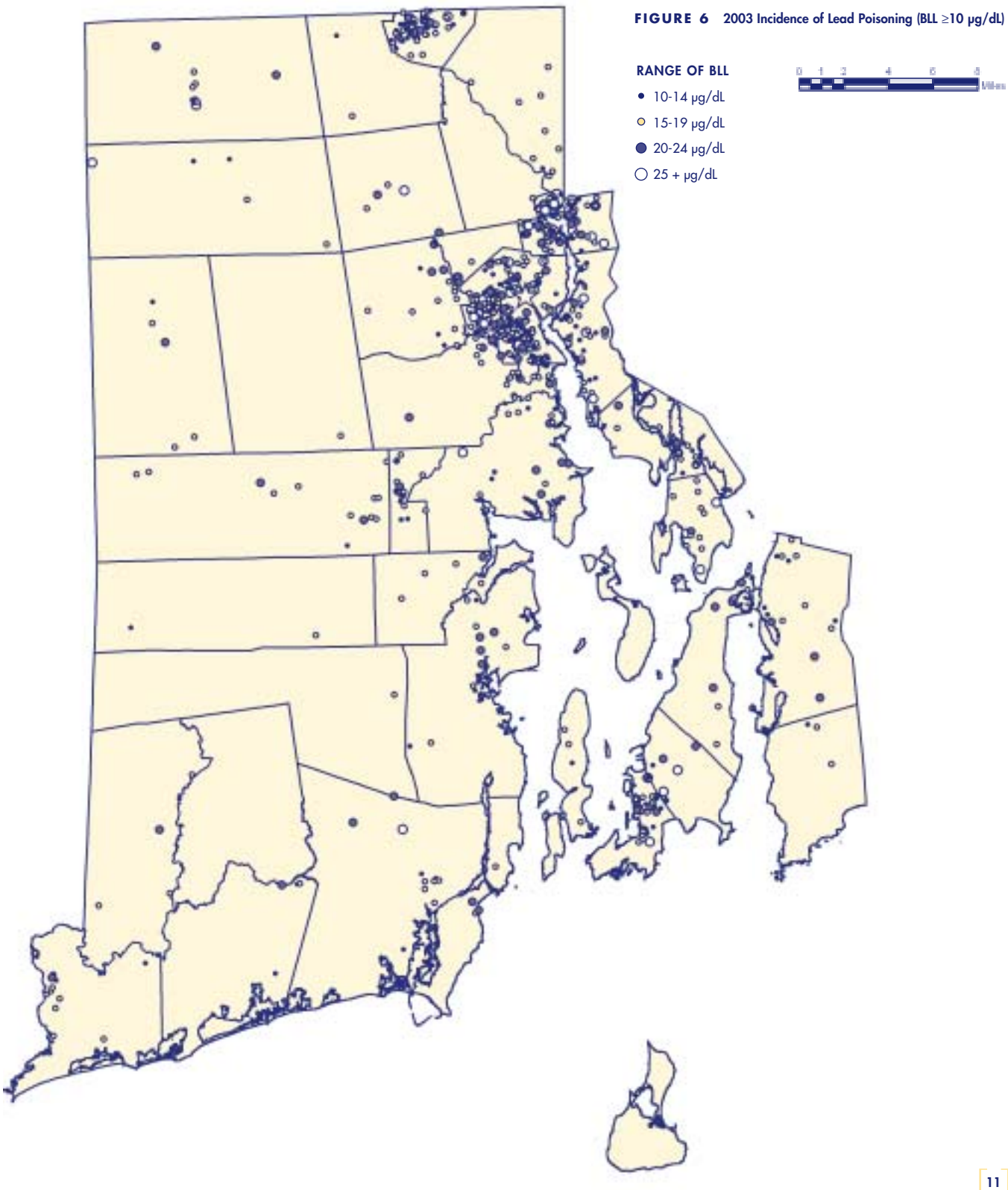


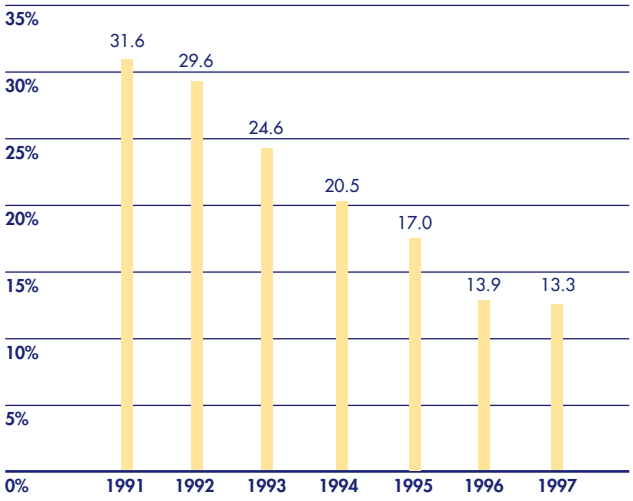
FIGURE 6 2003 Incidence of Lead Poisoning (BLL ≥10 µg/dL)

INCIDENCE OF LEAD POISONING BY BIRTH COHORT

The incidence of lead poisoning by birth cohort is defined as the proportion of children born in a given year (i.e. birth cohort) who became lead poisoned before the age of six.

The risk of a child becoming lead poisoned in Rhode Island has decreased over time. Nearly one in three children (31.6%) born in 1991 were lead poisoned before the age of six, compared to one in eight children (13.3%) born in 1997.

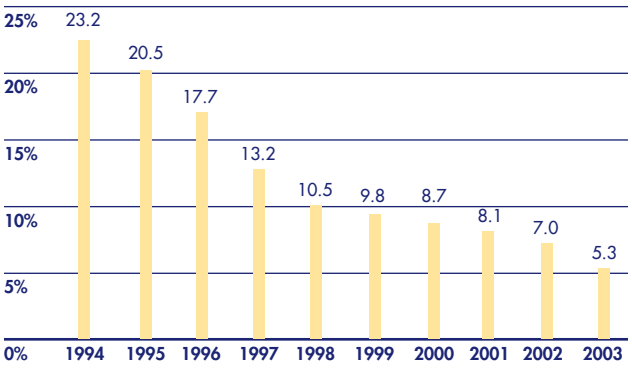
FIGURE 7 INCIDENCE OF LEAD POISONING AMONG CHILDREN BORN IN 1991-1997



Percent of new cases with BLL ≥ 10 µg/dL
NOTE: Incidence by birth cohort is only calculated through 1997 because children born in 1998 through 2003 were not six years old when this report was prepared.

PREVALENCE OF LEAD POISONING

FIGURE 8 PREVALENCE OF LEAD POISONING STATEWIDE 1994-2003



Percent of tested children with BLL ≥ 10 µg/dL

Reporting prevalence of lead poisoning allows one to look at the number of children under the age of six who have lead poisoning at a given point in time.

The data show a 77% decline in the prevalence of lead poisoning over the last ten years, from 23.2% in 1994 to 5.3% in 2003.

Although the prevalence of lead poisoning in Rhode Island has been steadily declining, a total of 1,811 children had lead poisoning in 2003.

SERVICES OFFERED TO CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

Children with significant lead poisoning (Venous ≥ 20 µg/dL or persistent 15 to 19 µg/dL)

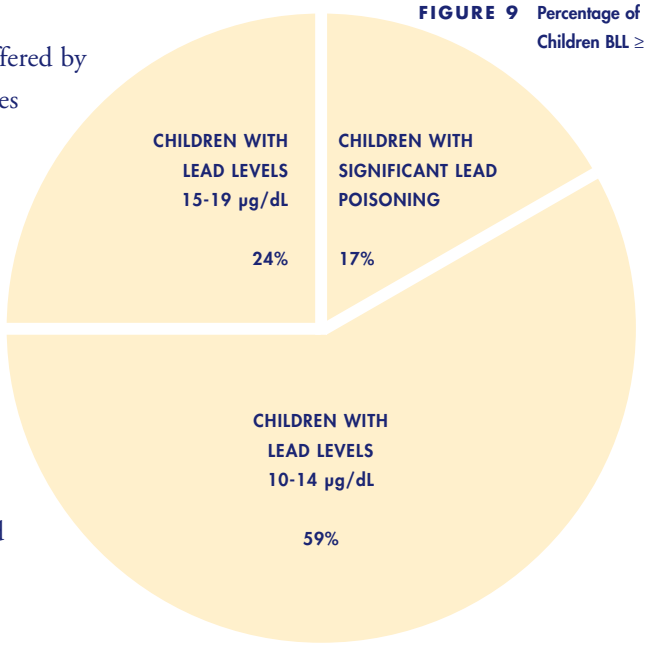
One hundred and eighty-five cases of significantly lead poisoned children were offered comprehensive case management services in 2003.

Families voluntarily accept or refuse case management services offered by lead centers. Of the 185 cases referred to lead centers, 143 families (77%) accepted services in 2003. The remaining 42 (23%) did not receive services from lead centers because the family refused or could not be located after several attempts to contact them.

In 2003, 92 cases were closed by lead centers after receiving full services. Cases were open an average of 7.5 months.

The number of significantly lead poisoned children referred to case management has remained relatively steady over the last five years (229 in 1999, 200 in 2000, 263 in 2001, 201 in 2002, and 185 in 2003).

FIGURE 9 Percentage of Children BLL ≥ 10µg



Children with lead levels between 15 and 19 µg/dL

Families of children with first-time blood lead levels between 15µg/dL and 19µg/dL are offered in-home lead education by lead centers based on the city where the family resides. No environmental inspection is offered from the Department of Health for preventive cases. Two hundred and sixty-five preventive lead poisoning cases were referred in 2003.

Approximately one-third of the cases (91 children or 34% of referred families) did not receive case management services because the family refused services or the Lead Center was not able to locate the family. Some refusals in this group occurred after a follow-up venous test found the child's lead level to be <15µg/dL.

Children with lead levels between 10 and 14µg/dL

Educational materials were sent to 645 families with children with first-time lead levels between 10µg/dL and 14µg/dL. These families were encouraged to contact the Family Outreach Program for a free home-based lead education visit.

From April through December 2003, at the request of the City of Providence Lead Hazard Reduction Program, letters were sent to Providence families with children with blood lead levels between 10µg/dL and 14µg/dL. The letter included educational materials and encouraged families to contact the City of Providence to request a no-cost comprehensive environmental inspection of their home. During that period, 343 families received a mailing from the Department of Health and the City of Providence conducted about 40 inspections.

ENVIRONMENTAL INSPECTIONS OFFERED

In 2003, environmental inspections were offered to 184 families who had a child with significant lead poisoning. Inspections were performed in 115 homes. Nearly all of these inspections (113 out of 115) identified lead hazards in the home. Families are offered an environmental inspection at no cost. The landlord's permission is neither required nor sought for these inspections.

FIGURE 10 ENVIRONMENTAL INSPECTIONS OFFERED 1999-2003

	1999	2000	2001	2002	2003
Inspections offered	324	262	328	264	184
Child moved	19	11	30	11	4
No response to letters and calls	32	13	20	15	29
Inspection refused	21	30	53	49	25
Pending inspection	0	0	0	0	11
INSPECTIONS PERFORMED	**252**	**208**	**225**	**189**	**115**

In 2003, 25 families refused the inspection, compared to 49 in 2002 and 53 in 2001. A Department of Health survey conducted between December 2001 and March 2002, found that families are more willing to allow environmental inspections if they receive and complete case management services. The support provided by either the lead centers or home visitors appears to have a positive impact on the decrease of inspection refusals.

STATUS OF ENVIRONMENTAL INSPECTIONS

Lead hazards have been completely abated in 20 of the 113 properties where hazards were identified through environmental inspections in 2003. Of the 115 inspections performed in 2003, 88 environmental cases remain open with the Department of Health.

FIGURE 11 STATUS OF ENVIRONMENTAL CASES

	1999	2000	2001	2002	2003
TOTAL CASES	**252**	**208**	**225**	**189**	**115**
CASES CLOSED	**215**	**171**	**183**	**132**	**27**
No lead hazards found	4	4	8	4	2
No longer regulated*	5	1	2	1	0
Parent is owner of property. Case closed after 90 days.	35	25	49	46	5
Lead hazard completely abated	132	122	123	81	20
Abatement complete excluding soil remediation‡	39	19	1	0	0
ONGOING CASES	**37**	**37**	**42**	**57**	**88**
Abatement complete excluding soil remediation‡	2	3	5	0	0
Exterior abated, interior pending	0	2	0	1	0
Interior abated, exterior pending	5	5	4	4	2
Enrolled or enrolling in a HUD program, awaiting abatement	2	2	3	3	0
Various stages of abatement	28	25	30	49	86

* Properties no longer regulated include illegal apartments that have been dismantled and properties that have been razed or converted to commercial use.

‡Cases opened after August 1, 2001 remain open until soil remediation is complete.

ENFORCEMENT AND PROSECUTION OF ENVIRONMENTAL CASES

The Department of Health works with the Department of Attorney General, and Providence Minimum Housing Office to enforce Rhode Island Laws and Regulations covering properties where children have been identified as significantly lead poisoned. The steps leading to a case being referred for prosecution are as follows:

Notice of Violation and Notice to Abate – Property owners receive a Notice of Violation in response to lead hazards identified during an environmental lead inspection.

Second Notice of Violation – If the violations have not been corrected a Second Notice of Violation is posted on the property and sent via mail.

Referral for Prosecution – Thirty days after the posting of the Second Notice of Violation, cases can be referred to the Department of the Attorney General or the Providence Housing Court for prosecution. The Department of Health continues to actively pursue and participate in the entire remediation process with the owner, which includes re-inspections, court actions, and clearances, until lead-safe status in achieved. Of the cases referred for prosecution since 1999, 143 remain open with the Department of the Attorney General or the Providence Housing Court and the Department of Health. Twenty-eight of these cases were referred in 2003.

APPENDIX

RI CHILDHOOD LEAD POISONING PREVENTION PROGRAM ADVISORY COMMITTEE MEMBERS

Rita Boie	Comprehensive Child Care Services Network of Rhode Island
Dawn Brito	Early Head Start
Rebecca Brown	Westbay Community Action Program
Robert Burke	Memorial Hospital
Nolan Byrne-Simpson	Department of Human Services
Kristine Campagna	VNA Care of New England
Kathy Chagnon	Coordinated Health Partners, Inc., BlueCHip
Patrice Cooper	United Healthcare
Doris De Los Santos	Greater Elmwood Neighborhood Services
Alison Dwyer	Child Inc.
Dorothy Ericksson	Neighborhood Health Plan of Rhode Island
Roxana Flores	Coordinated Health Partners, Inc., BlueCHip
Helena Friedmann	Childhood Lead Action Project
Jeremy Giller	HELP Lead Safe Center
Lynda Greene	Providence Community Centers
Dave Johnston	City of Providence, Department of Planning/Development
Ann Kinneavy	Rhode Island Hospital Lead Clinic
Simon Kue	Housing Resources Commission
Heather Lee	Organized Parents Against Lead
Leslie Martineau	Lady of Fatima Hospital
Jan Moore	Blackstone Valley Community Action Program
Christine Paccia	Coordinated Health Partners
Virginia Paine	Woonsocket Head Start
Robyn Riley	Child Inc.
Kathleen Schlenz	Family Service of Rhode Island
Sam Shamoon	City of Providence
Aida Simo	St. Joseph Hospital --Laboratory
Kathy Spoerer	Hasbro Hospital
Monica Staaf	Rhode Island Association of Realtors
Donna Tattari	Providence Head Start
Elaine Theriault	United HealthCare of New England, Inc.
June Tourangeau	St. Joseph Hospital Lead Clinic
Patrick Vivier	Rhode Island Hospital
Cathy Walsh	Rhode Island Kids Count
Roger Warren	Rhode Island Builders Association

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GLOSSARY OF TERMS

BLL	Blood lead level.
Incidence	The proportion of new cases of a disease that develops during a specified time period among the population at risk for developing the disease. The population at risk for lead poisoning is defined as RI children under the age of six who have been screened for lead in a given year, and who have never had an elevated blood lead level.
Lead Hazard Mitigation Act	Legislation introduced by Senator Thomas Izzo, which passed and became law in June 2002. The law modified both, the Lead Poisoning Prevention Act and the Lead Hazard Mitigation Act.
Prevalence	Proportion of people in a population who have a given disease at a specific point in time.
Preventive Lead Poisoning	A case of a child with a single blood lead level between 15µg/dL and 19µg/dL for the first time is referred to lead centers for an in-home lead education. No environmental inspection of the child's home is offered by the Department of Health for this group.
Screening	Mandatory test that involves collecting a blood sample from a child under the age of six, either through a fingerstick or a venipuncture, and then analyzing the sample to determine the amount of lead in the child's blood.
Significant Lead Poisoning	A child with a persistent blood lead level of 15µg/dL to 19µg/dL (two tests, venous or capillary, that are done between 90 and 365 days apart) or a single venous test result greater than or equal to 20µg/dL. Full case management and environmental inspection services are offered to significantly lead poisoned children.
µg/dL	Micrograms per deciliter of whole blood; the measurement used to estimate the amount of lead in a sample of blood.

For more information contact:

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Additional lead poisoning data can be found at www.health.ri.gov

Healthy Homes
Healthy Children

Rhode Island Childhood Lead Poisoning Prevention Program